BIRCH, STEWART, KOLASCH & BIRCH, LLP

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Insert Title:	Antibodies						
Fill in Appropriate	طدسه أمسه مسطره أطلبه	a fallandan	ereto. If not attached here	eto, the application i	s identified by the	e attorney docket	number as set
Information -	forth above and/or th	was filed on 18	May 2005				as
For Use Without	United States Ap	plication Numbe	r				;
Specification	and amanded on	-				(if applicable	and/or
Attached:	the specification	was filed on 17	November 2003				_ as PCT
	International Ap	plication Number	PCT/GB2003/00498	3		;	and was
	amended on	-				(if ap	plicable)
	amended by any amen I acknowledge t Regulations, §1.56. I do not know ar thereof, or patented c year prior to this applicati date of this applicati representative or assi patent or inventor's c application by me or i I hereby claim fo or inventor's certificat	ndment referred the duty to disclosed to do not believe or described in ar discribed in ar discribed in an incoming that the continuity of	ed and understand the coto above. ose information which is the same was ever know; ny printed publication in same was not in public tion has not been patent try foreign to the Unite welve months (six month invention has been filed tattives or assigns, except nefits under Title 35, Un d have also identified bel on on which priority is cl	s material to paten n or used in the Uni any country before use or on sale in the ed or made the sub ded States of Ameri- us for designs) prior in any country fore as follows. ited States Code, \$1 ow any foreign app ow any foreign app	tability as define ted States of Ame e my or our inven- te United States of oject of an inventor to on an applicat ion to the United	ed in Title 37, Co erica before my or not on thereof or ro of America more or's certificate issuation filed by me on, and that no a States of Americ	our invention our invention one than one year ued before the error my legal application for a prior to this
	Prior Foreign Appli		. ,			Priority (Claimed
Insert Priority	0 11	• • • •		November 1	8. 2002		_
Information:	0226878.7	- GB					
(if appropriate)	(Number)	(Country)		(Month/Day/Y	ear riied)	Yes	No
	(Number)	(Country)	•	(Month/Day/Y	ear Filed)	Yes	No
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	(Number)	(Country)		(Month/Day/Y	ear rued)	res	No
	(Number)	(Country)		(Month/Day/Y	ear Filed)	Yes	No
Insert Provisional			5, United States Code, §1			l applications(s) li	isted below.
Application(s): (if any)	(Application Number)		(Filing Date)		
	(Application Number)		(Filing Date)		· · ·
	All Foreign Application the Filing Date of This		ny Patent or Inventor's C	ertificate Filed More	than 12 Months	(6 Months for De	signs) Prior to
	Country		Application Number	D	ate of Filing (Mor	nth/Day/Year)	
Insert Requested Information: (if appropriate)							
	I hereby claim the be continuation-in-part i disclosed in the prior Code, §112, I acknov Federal Regulations, international filing da	91.56 WHICH Dec	35, United States Code, ted below and, insofar a d/or PCT application in to disclose information vame available between tion.	\$120 of any United s the subject matter the manner provide which is material to the filing date of	States and/or Port of each of the condition of the condition of the condition of the patentability the prior application.	CT application(s), claims of this app agraph of Title 35 as defined in Tit ation and the na	, including for plication is no , United States tle 37, Code o tional or PC
Insert Prior U.S. Application(s): (if any)	(Application Number	-)	(Filing Date)	(5	Status - patented,	pending, abandor	ned)
Page 1 of 2	(Application Number	:)	(Filing Date)	(5	Status - patented,	pending, abandor	ned)

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

Fu In I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

ame of First the Inventor: Name of ntor Date This ament is Signed	GIVEN NAME/FAMILY NAME Lorenzo FRIGERIO	INVENTOR'S SECNATURE	DATE* 106/05			
ment is Signed esidence itizenship →	Residence (City, State & Country) Coventry, West Midlands, Unit		CITIZENSHIP			
ost Office ass →	MAILING ADDRESS (Complete Street Address including City, State & Country) Dept. of Bio. Sciences, University of Warwick, Coventry, W. Mids, CV4 7AL, U.K.					
ne of Second or, if any: see above	GIVEN NAME/FAMILY NAME Jane HADLINGTON	INVENTOUS GON A TIME	DATE* 13/06/05			
	Residence (City, State & Country) Coventry, West Midlands, Unit	ed Kingdom	CITIZENSHIP GB			
	MAILING ADDRESS (Complete Street Address) Dept. of Bio. Sciences, Unive	ddress including City, State & Country) rsity of Warwick, Coventry, W.M.	Mids, CV4 7AL, U.K.			
ne of Third or, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
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Name of Fourth eventor, if any: see above						
or, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*			
tor, if any:	GIVEN NAME/FAMILY NAME Residence (City, State & Country)	INVENTOR'S SIGNATURE	DATE*			
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*DATE OF SIGNATURE